

Review of NHS spending begins

John Warden, *parliamentary correspondent, BMJ*

A fundamental review of NHS spending over the next four years, announced last week, has produced a flurry of speculation about patients being charged for treatment or home visits by family doctors.

Incredulity that such moves could be contemplated by the Labour government was strengthened by the refusal of the health secretary, Frank Dobson, to rule anything out.

The speculation stemmed from a Commons statement by the chief secretary to the Treasury, Alastair Darling, on a comprehensive review of all government spending. He said that every government department would scrutinise its spending plans in detail from a zero base and ask, "How does each item of spending contribute to the government's objectives as

set out in its manifesto?" He said that the review, which would take 12 months to complete, would be thorough and far reaching. Its conclusions would inform a new set of public spending plans for the rest of this parliament.

When Mr Dobson told a health managers' conference in Cardiff that "everything is up for grabs and nothing is ruled out," he was following the Treasury line about all speculation, so that no particular item could be picked off. When questioned about charging for GP visits or hospital "hotel" services, Mr Dobson said: "Now that the spending review has been announced, people will be putting forward these sorts of ideas and will be looking at them. The test will be, would any of these proposals put people off getting treatment or would it break our election

promise that access to the health service will be based on need alone and not people's ability to pay? When we look at charges, it may be that some charges will actually be reduced or removed."

Mr Dobson said that the state of NHS finances was worse than he had thought it was, with a quarter of hospital trusts and two thirds of health authorities beginning the present financial year in debt.

The shadow health secretary, Stephen Dorrell, accused Labour of a "great betrayal" of its election promises. The health spokesman for the Liberal Democrats, Simon Hughes, said, "It is completely unjustifiable for Labour now to claim that they did not know of the desperate financial state of the NHS. During the election the Liberal Democrats were the only party honest enough to address

the very real crisis facing the NHS—and to propose how substantial sums of money could be raised to deal with it."

The chairman of the BMA council, Dr Sandy Macara, said that he was "appalled" that Labour was considering hotel charges or charges for GP visits. He believed that they would deter people from seeking care.

A joint statement from the prime minister's office and the Department of Health said that there was no question of the government doing anything to breach the fundamental principle of the NHS that health care would be available to all, according to need, and free at the point of use. Mr Darling said that some of the speculation was ludicrous, but to start excluding items from the review would before long leave nothing to review at all. □

Poverty to have priority in NHS

John Warden, *parliamentary correspondent, BMJ*

How to break the link between poverty and ill health is shaping up as the major health initiative of Britain's new government.

The prime minister, Tony Blair, has confirmed that the findings of the 1980 Black report on health inequalities is to be updated by Sir Donald Acheson, a former chief medical officer. Casting aside reservations that prevailed during the 18 years of Conservative rule, Mr Blair said that there was no doubt at all of a link between inequality and poor health. Two days earlier Sir Donald had discussed the terms of his review with the health secretary, Frank Dobson; the public health min-

ister, Tessa Jowell; and the current chief medical officer, Sir Kenneth Calman.

Sir Douglas Black's report, *Report on Inequalities in Health Related to Social Class*, was commissioned by a Labour government but suppressed by the incoming Conservative administration, which rejected its main finding—that most ill health is associated with social status and conditions rather than individual behaviour.

Labour's decision to appoint a minister for public health, with a wide remit across all government departments, recognised that the validity of the Black report has been reinforced by evidence that health inequalities between social groups are widening.

Sir Donald, who was chief medical officer from 1983 to 1991, has been asked to recommend on the basis of scientific evidence where the government



Sir Douglas Black found that poor living conditions affect health

can take the most effective action to improve public health. The government's strategy will be launched at a health department conference on 7 July.

The director of the King's Fund Health Policy Institute, Ken Judge, said: "What we don't want is another description of the problem. We need a careful

analysis of the causes and an evaluation of policy options."

The Liberal Democrats' spokesman on public health, Dr Peter Brand, said, "I cannot imagine a new inquiry reaching a different conclusion. We do not need an update of the Black report, we need the original one put into action." □

In brief

UK gives £3.8m(\$6m) for scrapie research: The Institute for Animal Health has received a grant of £3.8m to study how scrapie in sheep develops, spreads, and is transmitted. In 1996, 213 cases were found among the UK's 41.5m sheep.

WHO distributes medicines in Iraq: The World Health Organisation has begun to distribute medicines and medical material worth \$28.8m (£18m) to Iraq to help mitigate the United Nations embargo, which has been in force since 1990. The first delivery will be to 650 hospitals and health centres in northern Iraq.

UK to have standard surveillance for food poisoning: The Communicable Disease Surveillance Centre in England and the Scottish Centre for Infection and Environmental Health are examining a standard system for investigating and reporting cases of food poisoning in the United Kingdom.

Dutch GPs to be offered advice on euthanasia: Trained GPs will offer GPs in Amsterdam advice on how to respond to requests for euthanasia and arrange patient visits to provide a second opinion in a one year pilot project launched by the Royal Dutch Medical Association and the Amsterdam GPs' association.

Ban on flower vases in Philippines: Filipino health secretary, Carmencita Reodica, has advised schools and churches to ban vases in an attempt to prevent the spread of dengue fever. She said that 90% of cases occurred in schoolchildren and a health department inspection of schools showed that flower vases were one of the favourite breeding places for mosquitoes carrying dengue.

Relief agencies need quality standards: The International Federation of Red Cross and Red Crescent Societies says that universal quality standards for aid agencies, equivalent to those used by businesses, are needed to improve the delivery of aid and better serve the victims of disasters.

Surrogacy to be reviewed in United Kingdom

John Warden,
parliamentary correspondent, BMJ

The government has announced an independent review of surrogacy law in the United Kingdom after controversy in several cases. In the most recent case the potential surrogate mother decided that she wished to keep the baby.

The review will cover the scope of surrogacy law; whether payments to surrogate mothers, including expenses, should continue to be allowed; and whether there is a case for a body to regulate surrogacy arrangements.

A review team will be led by Margaret Brazier, professor of law at Manchester University and a member of the Royal College of Obstetricians and Gynaecologists' working group on fetal awareness. She will be assisted by Susan Golombok, professor of psychology at the City University, who has researched into assisted reproduction procedures, and Alastair Campbell, professor of ethics in medicine at Bristol University, who is the founder editor of the *Journal of Medical Ethics*.

The review is being conducted within the existing legal context that surrogacy must not be commercialised and that the arrangements are unenforceable, in the sense that any



NATIONAL PICTURES/HEATHCOTE/WALLEY

Kim Cotton of the surrogacy agency COTS welcomes the review

woman who has a baby as part of a surrogacy agreement should not be compelled to give up the baby if she changes her mind.

Public health minister Tessa Jowell said that her aim was to find a sensitive way forward in an area of personal life where feelings are highly charged for those concerned.

The existing surrogacy laws date back to 1985 and are based

on the Warnock report on human fertilisation and embryology. Commercial surrogacy is a criminal offence, not for the pregnant woman or those for whom she is carrying the child but for any person or company which negotiates the arrangement. Contracts drawn up as part of a surrogacy arrangement are legally unenforceable. No payments, other than reasonable expenses, are allowed. □

US attempts to keep Medicare solvent

Fred B Charatan, *Florida*

The ways and means committee of the United States House of Representatives has voted to cut Medicare spending by \$115bn (£72bn) or 8.5% of the amount that would otherwise be spent in the next five years.

That is the largest reduction in the programme's history. Most of the savings would be extracted from hospitals, doctors, nursing homes, and other healthcare providers. The biggest change in the bill is to open Medicare to more health

maintenance organisations and other forms of managed care, including health plans established and owned by doctors and hospitals.

A controversial proposal is the provision for tax free medical savings accounts, under which 500 000 elderly people would be able to open accounts to help pay their medical expenses. The Democrats have criticised this as designed for "the wealthy and healthy." The bill would also limit the

amount of damages to be recovered in lawsuits by patients injured as a result of medical malpractice. Damages for "pain and suffering" could not exceed \$250 000.

The American Medical Association and other doctors' groups have lobbied congress to limit damages, but consumer groups have strongly opposed such limits, saying that they would eliminate important protections for patients. The executive director of the American Association for Retired Persons, Horace B Deets, said: "Right now we're reserving final judgment. This is only a framework, not a bill. A lot can go wrong as it moves through the various committees." □

Russia fears rapid increase in HIV infection

Miranda Ingram, *Moscow*

An explosion of HIV infection among Russia's drug misusers will spread rapidly to the general population unless urgent measures are taken, according to the United Nations AIDS office, which has recently opened in Moscow.

More than 60% of new cases of HIV recorded in 1996 were among injecting drug users, as

opposed to 0.3% in 1995, when homosexual intercourse (28.6%) and medical treatment (24.5%) were the main sources of infection. In other countries sharp rises in HIV infection among drug misusers has presaged a similar rise in the general population.

The Russian interior ministry's drug control department estimates that about two million people in Russia use drugs, of whom 350 000 are believed to be regular injectors. Most of these are young, between 15 and 25 years old, and sexually active. A widespread shortage of syringes also means that as many as 25 people will normally share one needle.

The increase in HIV cases among drug misusers was first noted last year in Kaliningrad, which has the highest rate of HIV infection in Russia. An economically depressed city with a mobile population, the port has also become an important route for drug trafficking. The former Soviet states of Ukraine and Belarus have also seen a massive rise in the number of cases of HIV infection associated with drug misuse over the past year, and infection is now spreading to the general population.

As a first step the UN is printing 500 000 brochures to explain the risk of needle sharing to drug misusers. But,

although evidence in other parts of the world suggests that community based programmes offering advice, medical help, and needle exchange are most effective, education efforts in Russia are hampered by the lack of an existing outreach tradition whereby social workers can reach the drug misusers, who operate underground for fear of arrest.

In Soviet times drug misuse was viewed as exclusively a criminal problem, and similar attitudes prevail today. "The main difficulty is to change the ethical and social environment here in Russia," says Dr Zdenek Jezek, head of the AIDS office. □

Australian orphans were used as guinea pigs

Christopher Zinn, *Sydney*

Australia's top medical advisory body has called for an investigation into reports that hundreds of orphans were used as human guinea pigs in trials of vaccines and antigens between 1947 and 1970.

The National Health and Medical Research Council said that the trials of experimental vaccines for herpes, whooping cough, and influenza were not conducted in an "ethical vacuum." Its chairman, Professor Richard Larkins, said: "The nature of the clinical trials, the status of those giving consent, and the potential benefits as well as risks to the children are all relevant in interpreting the ethical context in which the trials were performed."

The *Melbourne Age* newspaper reported that Commonwealth Serum Laboratories and the Walter and Eliza Hall Institute of Medical Research had carried out the tests on 350 infants aged between 3 months and 3 years. The report said that one test entailed giving the children adult doses of an influenza vaccine to see whether it had a toxic effect. Other trials used drugs that had not passed safety tests in animals. Some tests caused vomiting and abscesses.

The federal health minister, Dr Michael Woodridge, said that, although there was nothing secret or sinister about the tests, he was disturbed by the allega-

tions. "The use of vulnerable children for medical research shouldn't have happened then and it could never happen today," he said.

However, the medical profession has leapt to the defence of the trials, saying that they were appropriate to the times and that it was unreasonable to apply today's ethical standards. Dr Keith Wollard, president of the Australian Medical Association, said that the researchers were only trying to develop vaccines in the community in the way that they saw as medically appropriate.

The Commonwealth Serum Laboratories, once a federal

government agency, is now a private company and refused to comment on past practices. But the director of the Walter and Eliza Hall Institute, Dr Suzanne Cory, said that the orphanages and babies' homes had sought help to prevent serious outbreaks of major diseases. "The intent was to improve the health and welfare of those who were most at risk—those living in close association in crowded environments such as schools and orphanages," she said.

The head of clinical science at the Institute of Child Health Research in Perth, Dr Peter Sly, said that the claims of unethical experiments on vulnerable children were far fetched. "These so called trials were clinical investigations published in the medical journals of the time; there was certainly no attempt to hide it away anywhere," he said. □

New Filipino law may harm inner city care

Adam Easton, *Manila*

A law enticing doctors to rural areas by offering them higher salaries may backfire and leave city hospitals understaffed, the Filipino health secretary, Carmencita Reodica, has warned.

The crisis has arisen because of the so called magna carta for public health workers, which provides higher salaries for rural doctors. The deal was a well meaning attempt to encourage doctors to move from the cities. Apart from increased salaries, the magna carta provides overtime pay, a housing allowance, medicolegal assistance, a remote assignment allowance, and free medical examinations.

A study by the health department found that 210 of the country's 912 municipalities had had no resident doctor for 10 years. Another report found that only 7.5% of doctors were based in rural communities, although the Philippines is still largely a rural society.

To address the imbalance, salaries for rural doctors went up four salary grades, giving them an annual pay of \$8000 (£5000). Hospital staff in government hospitals, on the other hand, are paid between \$4000 and \$5200 a year.

Ms Reodica has called on the congress to upgrade the salaries of government doctors to prevent an exodus to the countryside. □



The Australian health minister denies that the trials were "sinister"

The Maasai move to eliminate trachoma

Sam Crowe, *Kampala*

With little more than old paint tins, string, coloured beads, and a topical antibiotic, a health project for nomads has managed to all but eliminate trachoma among the Maasai of southern Kenya.

Trachoma is the leading cause of blindness in communities like the Maasai, who inhabit areas where water for washing the face and keeping the eyes free of infection is scarce. When the project began in 1985, 65% of the population were infected

with *Chlamydia trachomatis*. By 1994, the prevalence of trachoma had fallen to 8%.

"Trachoma is a common disease around here, in line with other semiarid areas. Up to 10 people may live in each house, and there is not much ventilation, so smoke from cooking fires can also exacerbate the problem of irritated and infected eyes. Transmission is often spread by flies, which is why it is important to wash regularly," said David Sokooi, project coordinator and ophthalmologist with the African Medical Research Foundation.

Adequate water was vital if the project was to work. Each household was asked to find an old paint tin or plastic container and place a small hole at the base.

When water is poured into this leaky tin, the emergent trickle is adequate for washing eyes and hands. In 1993, a more intensive operation began, using eight trachoma monitors backed up by 150 Maasai volunteers from the 8000 strong community. The project needed a simple system to record trachoma because the volunteers were illiterate. As beads are used by the Maasai to chronicle their status and life history, it was decided to extend this approach to trachoma monitoring.

Each house has a string, on to which the volunteers thread coloured beads each month—red if active trachoma was present in that household, blue if there was no trachoma, white if the volunteer was unable to examine the eyes.

The monitors then recorded the incidence of trachoma in the community and treated follicular trachoma cases with 1% tetracycline ointment before corneal damage had begun. Left untreated, repeated infections shorten the eyelid, and the eyelashes begin to turn inwards. The eyelashes scrape away the corneal surface, resulting in scarring and blindness.

Some cases require a simple operation—usually using a spatula, local anaesthetic, and forceps to correct the damaged lid—but few operations need to be carried out these days. □



The Maasai use coloured beads to test for trachoma

Romania adopts new transplant law

Tudor P Toma, *Romania*

The Romanian parliament has passed a law that will permit transplantation of organs from live or dead donors but not trade in organs. Previously, transplantation was legal only from live donors who were relatives of patients.

Romania does not have a well developed transplant programme because of lack of funds and, until now, legislation. The biggest demand is for kidneys, and transplant operations are performed in four major centres. Under the new law the donor must give informed consent or be carrying a donor card if the organs are removed after death. The model of "presumed consent" was rejected because of the risks of abuse.

Willing live donors cannot sell their organs: those who do face jail sentences of up to 10 years. The law forbids the removal of organs from children without the parents' consent and punishes those who persuade a person to donate organs for money with at least five years in jail. Any export or import of human tissues will be permitted only with special authorisation from the health department. The donor scheme will be monitored by a special commission, which will also develop a national organ bank.

Doctors have welcomed the law and its provisions. Professor Dr Alexandru Pesamosca, a pioneer in children's kidney transplants, said: "From now on we

can introduce new techniques and methods of treatment and reduce spending on alternative treatments, like chronic dialysis."

Most Romanians, however, are reluctant to donate their organs after death. This may be due to lack of information about the benefits of transplants and beliefs about the future of the body after death. The Romanian Orthodox Church, which has a great influence over 90% of Romanians, has been reluctant to support organ donation. More recently, it pronounced in favour, saying that it now has reservations only on removing organs from people who have been declared brain dead but whose hearts are still beating.

A black market in organs exists, but its extent is not known. The average wage is £75 (\$120) a month, and people desperate for money might advertise one kidney for about £4500. □

European Union to send medical aid to Guatemala

Josh Hamilton, *New York*

One of the United Nations' overlooked but none the less spectacular successes has been the brokering of a definitive end to Guatemala's brutal 36 year civil war in 1996. The European Union—a key player in the peace process—has just announced a joint declaration of assistance and cooperation with Guatemala, agreeing to provide \$250m (£156m) until the year 2000 for social, medical, and developmental projects.

The accord was signed on 6 June in Guatemala City by Manuel Marin, vice president of the European Commission, and Eduardo Stein Barillas, the Guatemalan foreign minister. The European Union says that it is taking a focused approach in this distribution of aid, dedicating funds in specified, concentrated areas to maximise visibility and impact.

Much of the money will be earmarked for short term food and medical aid. Resettlement of refugees will also take top priority, with these victims of the war receiving emergency medical aid. On a larger scale, entire communities will be targeted for improved water supply, self sufficiency programmes, and widespread immunisation initiatives.

Guatemala has been the prime recipient of the European Union's aid for Central America since 1994. A donors' conference in January raised international pledges of \$1.9bn, nearly \$400m more than was requested.

"Firm and lasting peace is dependent on a deep seated reconciliation of Guatemalan society," said Mr Marin at the signing of the joint declaration. "The European Union's contribution will focus on supporting the state so that it can fulfil the undertakings of the peace process."

Unlike current health and relief efforts currently under way in Burundi, Afghanistan, and Zaire, where Red Cross workers were faced with the challenge of locating and then catching up with fleeing refugees, the situation in Guatemala is noticeably better. □

Near patient tests are poorly evaluated

Hilary Bower, *London*

New technologies that make laboratory tests and results immediately available to patients in primary care have leapt far ahead of concrete data on benefits, an expert review group claims.

The report from the NHS Research and Development Health Technology Assessment Group, which provides doctors with evidence based assessments of the cost, effectiveness, and impact of new technologies, concluded that there was "little evidence to support the general introduction of near patient testing in preference to existing laboratory services, other than as part of a rigorous, controlled evaluation."

The review team, which analysed 100 publications, said that not only was the evidence sparse but none of it addressed either patient acceptability or cost effectiveness. There had also been little exploration of the role of testing in primary care or issues such as "playing for time" and investigation

thresholds. The reviewers also dismissed suggestions that near patient testing could replace hospital laboratory services.

In the United States up to 20% of laboratory tests are now performed in primary care. However, Dr David Fitzmaurice, senior lecturer in general practice at the University of Birmingham Medical School and an author of the review, said that less than 20% of near patient tests available in Britain—ranging from disposable dipsticks to complex desktop analysers—seemed to affect the management of patients. Many tests also lacked the rigorous evaluation of accuracy, and their introduction had been commercially rather than clinically driven, he added.

Whereas near patient tests might have potential benefits in terms of patient reassurance, immediate diagnosis, reduction of follow up consultations, and increased ability to screen and monitor, Dr Fitzmaurice said that important questions about the reliability, accuracy, and cost



Each case of near patient testing must be carefully evaluated

effectiveness of those available and the ability of general practitioners and their staff to use the information remained unanswered. "There are certainly situations where it may be advantageous to have an immediate result, and it is possible in certain cases that the cost implications overall would offset the cost of doing the test, but each

circumstance must be carefully evaluated before introducing a near patient test." □

A Review of Near Patient Testing in Primary Care is available from the National Coordinating Centre for Health Technology Assessment, Wessex Institute for Health Research and Development, Highcroft, Winchester SO2 5DH.

Wales is set 20 health targets

Roger Dobson, *Gwent*

Twenty health targets for Wales, including halving the number of deaths from lung cancer within 12 years, have been announced by the new Welsh secretary, Ron Davies.

Even if partly met, the targets may help the principality to move away from its traditional image of being a land with high rates of ill health. In comparison with England life expectancy in Wales is lower, rates of long term illness are up to 30% higher, rates of cancer registration are higher, and the number of prescriptions issued is 20% greater.

Mr Davies unveiled his blueprint in a speech at the annual conference of the Institute of Health Services Management in Cardiff.

The target for mortality from lung cancer is 22.6 deaths per

100 000 men under 75 by the year 2010, while deaths from breast cancer should drop 30% by the year 2002, and registration rates for cervical cancer should decrease by at least a half.

On smoking, he wants to

increase the proportion of women who give up during their pregnancy to at least 33%. Another target is to reduce the proportion of 15 year olds who smoke to no more than 16% for boys and 20% for girls.

On speeding up communica-

tions between secondary and primary care, Mr Davies said that within two years the results of all diagnostic tests, with the exception of those for sexually transmitted diseases, should be with the patient's GP within two working days of becoming available, regardless of the source of the referral. Another target is that adequate information for the clinical management of the patient should be received by the GP within 24 hours of discharge from hospital.

Mr Davies told the conference that a Welsh assembly would be capable of doing more than any government minister to promote better health. "An assembly would have its roots in every part of Wales, and it will know the needs of people in a way that no minister can," he said. He added that under an assembly the health service would remain a full member of the NHS, sharing benefits with the NHS nationally and having a workforce trained to common standards. □



A Welsh health target: persuading children to eat healthier food

Health authority tries to reclaim £700 000 settlement

Clare Dyer, *legal correspondent, BMJ*

A health authority is to take the unprecedented step of trying to reclaim the £700 000 (\$1.12m) settlement that it agreed to make to a severely disabled 9 year old girl a week before she died suddenly.

The settlement for Hollie Calladine was agreed by Nottingham Health Authority and incorporated in a court order by the consent of both parties on 19 May. On 27 May she died of respiratory cardiac arrest.

Paul Balen, the family's solicitor, said: "A risk that was built into the settlement happened. When you're talking about expectation of life, you're talking about an average, a mean. Some will die sooner and some later."

The family's lawyers alleged that Hollie, from Gedling, Not-

tingham, who was blind, tetraplegic, epileptic, and suffering from cerebral palsy, should have been delivered by emergency caesarean section at Nottingham's Queens Medical Centre. She was unable to communicate except through screaming and required 24 hour care. The settlement was based on 75% liability, which the health authority conceded.

Dr Julie Woodin, the chief executive, said: "We are in no way questioning the rights of the parents to seek compensation and in no way questioning the element of the settlement which relates to their distress and expense incurred in the cost of care." She said that the authority would seek to reclaim only the proportion of the award desig-

nated for Hollie's future care based on her life expectancy. She refused to name a figure but said that it would be "substantial." "Funds were allocated for a purpose which no longer exists. This is public money. We have a moral and financial duty as custodians of public funds."

But Mr Balen said that the £700 000 was a global figure, with no breakdown for past and future care. The family had offered to repay £70 000 back, but this had been refused, and the health authority had refused to say how much it wanted back. He described the move as a "thinly veiled attempt" to force the Calladines to give up the compensation under threat of another legal battle.

The family received £250 000 as an interim payment last year, with the balance paid into court when agreement was reached. The interim payment has already been spent on a house adapted to Hollie's needs and a specially adapted car, which arrived only a day before she died. □

Doctors must be chosen with care

Linda Beecham, *BMJ*

People should be selected for medical school on their potential to care for patients rather than on purely academic abilities.

This proposal comes from a report, *Choosing Tomorrow's Doctors*, by the Policy Studies Institute and St George's Hospital Medical School. The head of health studies at the institute, Dr Isobel Allen, said, "There is a need to ensure people do not enter the medical profession just because they are good at science."

Professor Chris McManus of Imperial College School of Medicine, called for medical schools to "bite the bullet" and accept students with lower A level grades. □

Choosing Tomorrow's Doctors is available from St George's Hospital Medical School on 0181 725 5919.

Focus: Westminster

New doctors in the house

John Warden

An unnoticed feature of the recent British general election has been a shift in the balance of power among doctor MPs. There are now six doctors in the House of Commons, one more than before, but three of them are Liberal Democrats. Out of 46 Liberal Democrat MPs that is a reasonable proportion and rewards political tenacity. Among the 30 or so doctors who stand at each general election, the Liberals consistently account for the largest group. But their efforts had a singular lack of success until last month. Their resurgence was at the expense of the Conservatives, whose reduced ranks now contain only one doctor against Labour's two.

It is a rebalancing which also calls for a reappraisal of doctors' role in the house. Traditionally, when they

become MPs, doctors have tended to avoid healthcare politics. At the end of the 1987 parliament, for example, it was noted how inconspicuous were doctor MPs in the NHS reforms that dominated so much of it. Likewise in the last parliament, frontbench doctors Sam Galbraith, Lewis Moonie, and Liam Fox spoke on non-health briefs. Now in government, Mr Galbraith is indeed a health minister, though he is only the sixth doctor in 80 years to serve as such.

Old attitudes look set to change, however, with the advent of the three Liberal Democrat doctors. Two—Jenny Tonge and Evan Harris—are public health doctors, and the third—Peter Brand—is a general practitioner. All regard their politics as an extension of medicine in terms of improving health. That is often an excuse for doctor MPs to pursue almost any political whim, but these three vow to remain active in health issues. Two went straight into the

party's health team in the Commons.

A few quotes indicate their approach. Dr Tonge: "Good health is not dependent on treatment patients receive from doctors in the NHS but on what politicians do in the field of poverty, housing, and the environment. As an MP I hope I can do something about the reasons people become ill in the first place." Dr Brand: "Health is not about medicine or curing illness. Health is about the social fabric as much as anything. As a GP I get frustrated by people medicalising what are really social problems." Dr Harris: "As a doctor you see a cross section of society and have an overview of some of the problems facing society. I see the contrast between the better off and the least well off, and the division is getting wider."

These statements align with the new Labour government's commitment to policies that counteract poverty, poor housing, unemployment, and pollution and its recent

decision to update the Black report on health inequalities. But what it does with one hand, the government is in danger of undoing with the other. The Treasury announced simultaneously a comprehensive review of long term public spending, which instantly set off alarms about NHS resources and seems to leave little scope for the £5bn (\$8bn) cost of implementing the Black report.

Moreover, the new health policy demands intervention across all government departments by the public health minister, Tessa Jowell. Past experience of such pan-government policies to promote special interests is not encouraging. All the more reason, therefore, for close monitoring of the public health initiative to ensure it produces results. It is a task that the Liberal Democrat doctors are well placed to take on. Dr Tonge says that they will be snapping at the government's heels. If so, their arrival is welcome.